AMENDMENT TRANSMITTAL LETTER							Docket No. 04305/100H942-US	
Application No. 10/001,245-Conf. #9286				Examiner				
		November	М	M. E. Szperk		a 1644		
plicant(s): Jer	ns Holm et al.							
ention: NOVE	L MUTANT ALI	ERGENS						
		THE COMMI						
	ewith is an ame n calculated an				ation,			
		CLAIM	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	R	ate			
Total Claims	4750	- 79 =	0	х	50.00		0.00	
Independent Claims	1	- 3 =	0	x	210.00		0.00	
Multiple Depen	dent Claims (ch	eck if applicabl	(e)					
Other fee (plea	se specify):							
						-	5	
	IONAL FEE FO	OR THIS AME	NDMENT:				8 10.00	
	J			S	mall Entity			
x Large Entity								
x No addition	al fee is require							
x No addition				the amo	ount of \$		·	
x No addition	al fee is require	ount No	ir				<u> </u>	
x No addition Please cha	al fee is require rge Deposit Acc the amount of \$	count No	ir				·	
x No addition Please cha A check in Payment by	al fee is require rge Deposit Acc the amount of \$ y credit card. For	count No	to cover	the filing	fee is end	losed.		
x No addition Please cha A check in Payment by	al fee is require rge Deposit Acc the amount of \$ y credit card. For is hereby auth	count No	to cover	the filing	fee is end	losed.	0100	
X No addition Please cha A check in Payment by The Director as describe	al fee is require rge Deposit Acc the amount of \$ y credit card. For is hereby auth	orm PTO-2038	to cover	the filing	fee is end	losed.	0100	
No addition Please cha A check in Payment by The Director as describe X Credit a	al fee is require rge Deposit Acc the amount of \$ y credit card. For or is hereby auth ad below.	orm PTO-2038 norized to char	to cover to stached. ge and credit	the filing	fee is end Account N	losed.		
No addition Please cha A check in Payment by The Director as describe X Credit a	al fee is require rge Deposit Acc the amount of \$ y credit card. For is hereby author below. any overpayment	orm PTO-2038 norized to char	to cover to stached. ge and credit	the filing Deposit	fee is end Account N	losed.	6 and 1.17.	
x No addition Please cha A check in Payment by The Director as describe Credit a Charge Mitchell Berns	al fee is require rge Deposit Acc the amount of \$ y credit card. For or is hereby auth d below. any overpayment any additional fill	count No	to cover to stached. ge and credit	the filing Deposit	fee is end Account N	losed.	6 and 1.17.	
x No addition Please cha A check in Payment by The Director as describe Credit a Charge Mitchell Berns	al fee is require rge Deposit Acc the amount of \$ y credit card. F. or is hereby auth do below. any overpayment any additional fill telin t Reg. No.: 46,	count No	to cover to stached. ge and credit	the filing Deposit	fee is end Account N	losed.	6 and 1.17.	
x No addition Please cha A check in Payment by The Directic S Credit a Charge Mitchell Berns Attomey/Agen DARBY & DARBY	al fee is require rge Deposit Acc the amount of \$ y credit card. F- y credit card. F- y ris hereby aut de below. any overpaymen any additional fil the fee No.: 46, RBY P.C.	count No	to cover to stached. ge and credit	the filing Deposit	fee is end Account N	losed.	6 and 1.17.	
x No addition Please cha A check in Payment by The Direct as describe X Credit at Charge Mitchell Berns Attorney/Agen DARBY & DAI P.O. Box 770 Church Street	al fee is require rge Deposit Acc the amount of \$ y credit card. F- y credit card. F	orm PTO-2038 norized to char int.	to cover to stached. ge and credit	the filing Deposit	fee is end Account N	losed.	6 and 1.17.	

that the December 1			U.S. Pate		ed for use through and Office, U.S. DEF	06/30/2010 (PARTMENT C		
	respond to a collection of information unless it displays a valid OMB control number Complete If Known							
Effe Fees oursuant to the Conso	Application Number 10/001,245-0							
FEE TRANSMITTAL			Filing Date		November 15, 2001			
FEE TRANSWITTAL For FY 2008					Jens Holm			
Fo			M. E. Szperka					
Applicant claims s			1644					
Applicant claims small entity status See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 8/0			raconii		04305/100H942-US2			
Check X Cred		foney Order No	ne Other	(please identify	y):			
Deposit Account	Demoni Account Numb	e: 04-0100	Decree	I Account Name:	Darby	& Darby F	. C.	
		account, the Director is				a 20.0j .		
			ri-					
Charge an		s) or underpayments of	. =	ge ree(s) indi t anv overpa	icated below, ex	cept for tr	ie tiling fee	
fee(s) und	er 37 CFR 1.16 a	ind 1.17		t arry overpa	,memo			
FEE CALCULATION								
1. BASIC FILING, SEAF								
Application Type		G FEES SE <u>Small Entity</u> <u>Fee (\$)</u> <u>Fee (\$</u>	ARCH FEES Small Entity Fee (\$)		ATION FEES Small Entity Fee (\$)	Eage F	ald (\$)	
Utility	310	155 510		210	105	10031	aid (4)	
Design	210	105 100		130	65			
Plant	210	105 310		160	80			
Reissue	310	155 510		620	310			
Provisional	210	105 0	255	0.20	310			
		103 0	U	U	U		0	
2. EXCESS CLAIM FEE	15					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (inc	hudina Reissues	1				50	25	
Each independent claim						210	105	
Multiple dependent clair		ig recissues)				370	185	
			Paid (\$)	aid (\$) Multiple Depen				
			0.00 Fee (\$)			Fee Paid (\$)		
HP = highest number of total			_				-	
Indep. Claims Ex	tra Claims F	ee (\$) Fee	Paid (\$)				_	
1 -3=			0.00					
HP = highest number of inde	ependent claims paid	for, if greater than 3						
	I drawings exceed FR 1.52(e)), the	application size fee d	ue is \$260 (\$130	for small en)	
		I.S.C. 41(a)(1)(G) and				_		
<u>Total Sheets</u> - 100 =	Extra Sheets		edditional 50 or fr (round up to a wi			Fee	Paid (\$)	
4. OTHER FEE(S)		e (no small entity disc				Fees	Paid (\$)	
		e (no small entity disc 301 Request for cor		ation (RCE)) (see 37	81	0.00	
SUBMITTED BY						_		
Signature Mu	WW Re	uter	Registration No. (Attorney/Agent)	46,550	Telephone	(212) 52	7-7708	
Name (Print/Type) Mitch	ell Bernstein				Date	October 3	1, 2007	